

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G606		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/02/2012	
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN 46222			
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W0000	<p>This visit was for a post certification visit (PCR) to the investigation of complaint #IN00098375 completed on 10/31/2011.</p> <p>This visit was in conjunction with the fundamental recertification and state licensure survey and the investigation of complaint #IN00103651.</p> <p>Complaint #IN00098375: Not corrected.</p> <p>Survey dates: February 27, 28, 29 and March 1, 2, 2012</p> <p>Facility Number: 001175 Provider Number: 15G606 AIM Number: 100245640</p> <p>Survey Team: Brenda Nunan, RN, CDDN, PHNS III</p> <p>These deficiencies reflect state findings cited in accordance with 460 IAC 9.</p> <p>Quality review completed on 3/15/2012 by Dotty Walton, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure all service providers were provided current BSPs (Behavioral Support Plans) and failed to ensure all staff were trained to the strategies for reducing maladaptive behaviors for 2 of 4 sampled clients (client A and D).</p> <p>Findings include:</p> <p>1. Client A's Vocational Record was reviewed on 02/27/2012 at 2:20 p.m. The record did not include a current BSP. The BSP in the record was dated 11/04/2009.</p> <p>Client A's facility record was reviewed on 02/28/2012 at 9:38 a.m. and included a BSP, dated 12/29/2011 which listed strategies for reducing target behaviors of stealing, incontinence, poor hygiene, and temper outbursts.</p> <p>2. Client D's Vocational Record was reviewed on 02/29/2012 at 10:00 a.m. The record did not include a BSP.</p> <p>Client D's facility record was reviewed on</p>		W0248	<p>The Program Director will receive corrective action for not ensuring completion.</p> <p>The Program Director will send all Day Placements the current ISPs and BSPs for the common clients.</p> <p>The Program Director will be retrained on IDT's. The training will include who to part of the IDT, when to include the IDT, and to remember to ensure that all members of the IDT are kept up to date at all times.</p> <p>Ongoing, the Area Director will participate in at least one IDT meeting to ensure that the Program Director is including all IDT members when applicable.</p> <p>Ongoing, the Area Director will complete random Day Placement Audits/Observations to ensure that all have current information, including, but not limited to ISPs and BSPs for common clients.</p> <p>Completion Date: April 1, 2012</p> <p>Responsible Party: Home Manager, Program Director, and Area Director.</p>		04/01/2012	

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	<p>02/28/2012 at 11:07 a.m. The record included a BSP, dated 10/03/2011 which listed strategies for reducing target behaviors of compulsive SIB (Self Injurious Behaviors), inappropriate sexual behaviors, property destruction, extreme irritability, temper outbursts, vacating and physical assault.</p> <p>During an interview on 02/27/2012 at 2:30 p.m., DSS (Day Service Staff) #1 indicated he has not been provided client A's current BSP and had not been trained to the behavior reducing techniques.</p> <p>During an interview on 02/29/2012 at 10:00 a.m., DSS #2 stated, "The group home is not very good about supplying current plans." She indicated she had not been provided a BSP for client D and had not received training on techniques for reducing maladaptive behaviors.</p> <p>During an interview on 02/29/2012 at 1:50 p.m., Administrative staff #1 indicated the day service providers should have current BSPs and should have been trained to the plans.</p> <p>This federal tag relates to complaint #IN00098375.</p> <p>9-3-4(a)</p>						

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observations and interview, the facility failed to ensure clients dignity in regards to appearance and hygiene for 1 of 4 sampled clients (client C) and 1 additional client (client F).</p> <p>Findings include:</p> <p>1. During observations on 02/27/2012 between 4:15 p.m. and 6:15 p.m., client</p>			W0268	<p>The Direct Care Staff will be retrained on dignity needs of the clients, specifically in regards to hygiene and appearance. The retraining will also include documentation of the correct hygiene for the clients. Ongoing, the Home Manager will complete weekly observations to ensure that the client's dignity is respected and that the staff are appropriately monitoring the client's appearance and hygiene needs. All observations will be reviewed by a supervisor after completed. Ongoing, the Area Director will complete random observations to ensure that the staff are appropriately monitoring the client's appearance and hygiene needs. Completion Date: April 1, 2012 Responsible Party: Home Manager, Program Director, and Area Director.</p>		04/01/2012

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	<p>C's fingernails were 4 mm in length.</p> <p>2. During observations on 02/27/2012 between 4:15 p.m. and 6:15 p.m., client F's fingernails were 4 mm in length with visible debris underneath the nails.</p> <p>During an interview on 02/28/2012 at 7:00 a.m., DSP 2 indicated all staff can trim clients' fingernails.</p> <p>During an interview on 02/28/2012 at 7:21 a.m., the House Manager indicated all staff can trim client's fingernails.</p> <p>During an interview on 02/29/2012 at 1:50 p.m. Administrative Staff #1 indicated staff should have followed a schedule for monitoring and trimming clients' fingernails when they are long.</p> <p>This federal tag relates to complaint #IN00098375.</p> <p>This deficiency was cited during the investigation of complaint #IN00098375 on 10/31/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>						

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